

**LICENSED CLINICAL SOCIAL WORKER
REQUEST FOR EXAMINATION/RE-EXAMINATION**

1800 37A-299 (REV. 5/04)

TYPE OF EXAM REQUESTED:☐ **WRITTEN - \$100.00**☐ **WRITTEN CLINICAL VIGNETTE- \$100.00***For Office Use Only:*

Cashiering No. _____

APPROPRIATE FEE MUST ACCOMPANY THIS FORM *Make check payable to - Behavioral Sciences Fund*
(Please allow 3 weeks to receive notice of eligibility.)

*SOCIAL SECURITY NUMBER		BBS FILE NUMBER	
NAME: Last	First	Middle	
Maiden name and any other AKA			
**ADDRESS OF RECORD: Number and Street			
City	State	Zip Code	
IS THIS A NEW ADDRESS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If YES, we will update our records accordingly.</i>
BUSINESS TELEPHONE		RESIDENCE TELEPHONE	

SINCE YOU FILED YOUR LAST APPLICATION:

- HAVE YOU BEEN CONVICTED OF, PLED GUILTY TO, OR PLED NOLO CONTENDERE TO ANY MISDEMEANOR OR FELONY?
(Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18th birthday or any traffic violations for which a fine of \$500 or less was imposed). **YES** ☐ **NO** ☐

If YES, attach your explanation and related documents.

- HAVE YOU BEEN DENIED A PROFESSIONAL LICENSE, HAD A PROFESSIONAL LICENSE PRIVILEGE SUSPENDED, REVOKED, OR OTHERWISE DISCIPLINED, or HAVE YOU EVER VOLUNTARILY SURRENDERED ANY SUCH LICENSE IN CALIFORNIA OR ANY OTHER STATE OR TERRITORY OF THE UNITED STATES, OR BY ANY OTHER GOVERNMENTAL AGENCY? **YES** ☐ **NO** ☐

If YES, attach your explanation and related documents.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet with all the criteria stated therein and the information submitted on this form is true and correct. Applicants are advised that any and all information furnished herein is subject to investigation; further, that this application and all papers and documents pertinent thereto are the property of the State of California and will not be returned; further, that ANY FALSE, DISHONEST OR MISLEADING STATEMENTS IN THIS APPLICATION OR THE ATTACHMENTS ARE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OR SUSPENSION OF THE REGISTRATION OR LICENSE FOR WHICH APPLICATION IS BEING MADE.

Date_____
Signature of Applicant

*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number.

**The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address. Title 16, California Code of Regulations Section 1804, states that all persons regulated by the Board shall maintain a current mailing address with the Board and shall notify the Board within 30 days concerning any change of address giving both the old and new address. Changes of address MUST be received in writing.

PLEASE NOTE:

- A. ABANDONMENT OF LICENSURE APPLICATION.** Title 16, California Code of Regulations Section 1806 provides, in part, that an application shall be deemed abandoned if the applicant does not submit evidence that he or she has removed the deficiencies specified in the deficiency letter within one (1) year from the date of the deficiency letter; the applicant fails to sit for examination within one (1) year after being notified of eligibility; or the applicant fails to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements. An application submitted subsequent to the abandonment of a prior application shall be treated as a new application.
- B. FEE.** Submit a check or money order made payable to the Behavioral Sciences Fund. **Examination fees are not refundable.**
- C. TESTING ACCOMMODATIONS.** All examination sites are physically accessible to individuals with disabilities. Pursuant to Title II of the Americans with Disabilities Act (ADA) and California law, the Board will provide reasonable accommodations to qualified candidates with mental disabilities, physical disabilities, or medical conditions. However, the Board will not provide accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

Accommodations will not be provided at the examination site unless prior approval by the board has been granted. **A candidate who seeks an accommodation has the responsibility to make the request and provide documentation substantiating the need for accommodation at the time of submission of the application for the examination.** The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent provided by law. Any request for accommodation (except for accommodations requiring a physically accessible examination site) must be submitted to the Board on the forms prescribed by the Board. If you wish to submit a request for accommodation, please contact the Board and request a Request for Accommodation package.

The Board does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities. The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

If you were **previously** granted accommodations for the Standard Written examination, and those accommodations are **still on file** with the Board, you will be granted the **same** accommodations for the Written Clinical Vignette examination that you received for the Standard Written examination. Your accommodations are still on file **IF** you received accommodations for **BOTH** the Standard Written examination **AND** the Oral examination **AFTER January 1, 2001**.

You are required to submit a **NEW Request for Accommodation** for the Written Clinical Vignette examination **90 days prior** to your desired test date if:

- You had accommodations for the **Standard Written** examination, but **before** January 1, 2001.
- You had accommodations for the **Standard Written** examination **after** January 1, 2001, and your request requires modification.
- Your request is no longer on file with the Board because although you **had** accommodations for the **Standard Written** examination, you **never** had accommodations for the **Oral** examination.
- You have **only** had accommodations for the **Oral** examination in the past.